

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/396,196        |
| Filing Date            | 09/15/99          |
| First Named Inventor   | Mittmann, et. al. |
| Group Art Unit         | 1631              |
| Examiner Name          | S. Zhou           |
| Attorney Docket Number | 3101.1            |

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input checked="" type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>1) ) Form PTO/SB/08B (seven pages)<br>2) One CD with electronic copy of references<br>3) Return postcard |
|---|---|---|

Remarks

JAN 22 2003

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                               |
|-------------------------|-------------------------------|
| Firm or Individual name | Sandra Wells, Reg. No- 52,349 |
| Signature               | <i>Sandra Wells</i>           |
| Date                    | January 22, 2003              |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 22, 2003

Typed or printed name Leticia R. Block

Signature *Leticia R. Block*

Date January 22, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)

Approved for use through 09/30/2000 OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

|  |                             |                               |        |
|--|-----------------------------|-------------------------------|--------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | <b>Application Number</b>   | 09/396,196                    |        |
|  | <b>Filing Date</b>          | 09/15/99                      |        |
|  | <b>First Named Inventor</b> | Mittmann, et. al.             |        |
|  | <b>Group Art Unit</b>       | 1631                          |        |
|  | <b>Examiner Name</b>        | S. Zhou                       |        |
| <b>Total Number of Pages in This Submission</b>  |                             | <b>Attorney Docket Number</b> | 3101.1 |

ENCLOSURES (check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (Copy)<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement (Copy)<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><div style="border: 1px solid black; padding: 5px;"><p>1) Postcard<br/>2) Form PTO/SB/08B (seven pages) (Copy)<br/>3) One CD with electronic copy of references<br/>4) Return postcard (Copy)<br/>5) Transmittal Form (Copy)<br/>6) Fee Transmittal (Copy)<br/>7) Copy of CD</p></div> |
| <b>Remarks</b>  |   | Attached to this transmittal are copies of the above documents which were previously filed on January 22, 2003 and being resubmitted.   |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                                |                               |
|--------------------------------|-------------------------------|
| <b>Firm or Individual name</b> | Sandra Wells, Reg. No- 52,349 |
| <b>Signature</b>               | <i>Sandra Wells</i>           |
| <b>Date</b>                    | May 7, 2003                   |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date